

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

I, Theresa Thibodeau, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE →

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Theresa Thibodeau

Authorized committee:

Nebraskans for Theresa

Agency requesting time (and contact information):

☒ N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Candidate for Governor of nebraska

Date of election:

May 10, 2022

☐

General

☒

Primary

Treasurer of candidate's authorized committee:

Aimee Melton

The undersigned represents that:

(1) the payment for the broadcast time requested has been furnished by (check one box below):

☐

the candidate listed above who is a legally qualified candidate, or

☒

the authorized committee of the legally qualified candidate listed above;

(2) this station is authorized to announce the time as paid for by such person or entity; and

(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

Candidate/Committee/Agency	Station Representative
Signature: <u>Theresa Thibodeau</u>	Signature: <u>DALAS M. HAU</u> MARKET MGR
Name: <u>Theresa Thibodeau</u>	Name: <u>DALAS M. HAU</u>
Date of Request to Purchase Ad Time: <u>02/21/2022</u>	Date of Station Agreement to Sell Time: <u>2-21-22</u>

Federal Candidate Certification:

The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.

Candidate/Authorized Committee/Agency

Signature:

Name:

Date:

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?



Yes



No

Date ad received:

2-21-22

Federal candidate certification signed (above):



Yes



No



N/A

Disposition:



Accepted



Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*



Rejected – provide reason (optional):

*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):

Contract #:

52348

Station Call Letters:

KSYZ-FM

Date Received/Requested:

2-21-22

Est. #:

Station Location:

Grand Island, NE

Run Start and End Dates:

2-23-22 to 3-22-22

Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.

Sales Order

Station: KSYZ-FM Buyer: _____
 Contract Name: Theresa governor ksyz Tax Schedule: _____ (None)
 Contract#: _____ 52348 Agency Commission %: 0
 Start Date: 2/23/22 End Date: 3/22/22 Billing Cycle: Calendar
 Revenue Type: Local Direct Type: Cash Salesperson: 5555dnau Comm %: 0
 Advertiser: THERESA FOR GOVERNOR Makegood Policy: Within Contract Dates
 Address: 15418 WEIR STREET #274
 City: OMAHA State: NE Zip: 68137
 Product Name: _____
 Competitive Code: Political-State

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION										RATE	TOTALS		PTY
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk	D/W	SPOTS		\$\$		
1	2/23/22	3/22/22		6:00 AM	12:00 AM	60	10	10	8	7	7	9	9	60	D	3.40	240	816.00	3	

Billing Projections: By Month

	Feb 22	Mar 22
CA	170.00	646.00
ST	136.00	680.00

☒ Print Spot Prices

TOTAL SPOTS _____ 240
 GROSS TOTAL \$ _____ 816.00
 ADJUSTED SPOTS _____ 240
 ADJUSTED TOTAL \$ _____ 816.00

APPROVE DECLINE

☐ ☐ Sales Manager
☐ ☐ Business Manager
☒ ☐ 5555dnau, 02/21/22 @12:03PM
☐ ☐ Traffic Manager